EAST REGION PATIENT CARE PROCEDURE #1
DISPATCH OF MEDICAL PERSONNEL

I.   **STANDARD**:

   1.   *Licensed aid and/or licensed ambulance services shall be dispatched to all emergency medical incidents.*

   2.   *Verified aid and/or verified ambulance services shall be dispatched to all known injury incidents, as well as unknown injury incidents.*

   3.   *All licensed and verified aid and licensed and verified ambulance services shall operate 24 hours a day seven days a week. (Current WAC)*

   4.   *All Communication/Dispatch Centers charged with the responsibility of receiving calls for Emergency Medical Services shall develop or adopt an EMD (Emergency Medical Dispatch) Program that meets the Washington EMD Program and Implementation Guidelines.*

II.   **PURPOSE**: (*See County Specific Operating Procedures and Response Area Maps*)

   1.   To provide timely care to all emergency medical and trauma patients as identified in the *Current WAC*.

   2.   To minimize "System Response Time" in order to get certified personnel to the scene as quickly as possible.

   3.   To minimize "System Response Time" in order to get licensed and or verified aid and ambulance services to the scene as quickly as possible.

   4.   To establish uniformity and appropriate dispatch of response agencies.

III.   **PROCEDURE:**

   1.   **Following the Region's plan to promote the concept of tiered response, an appropriate licensed or verified service shall be dispatched per the above standards.**

   2.   **Dispatcher shall determine appropriate category of call using established Washington State EMD Guidelines.**

   3.   **Response shall be pre-planned by EMD response protocol. (See County Specific Operating Procedures and East Region Response Area Maps.)**

IV. DEFINITIONS

"System Response Time" for trauma means the interval from discovery of an injury until the patient arrives at the designated trauma facility. It includes:

   ▪   "Discovery Time": The interval from injury to discovery of the injury;

   ▪   "System Access Time": The interval from discovery to call received;

- <u>"911 Time"</u>: The interval from call received to dispatch notified, including the time it takes the call answerer to:
  - Process the call, including citizen interview; and
  - Give the information to the dispatcher;

- <u>"Dispatch Time"</u>: The interval from the call received by the dispatcher to agency notification;

- <u>"Activation Time"</u>: The interval from agency notification to start of response;

- <u>"Enroute Time"</u>: The interval from the end of activation time to the beginning of on-scene time;

- <u>"Patient access time"</u>**:** The interval from the end of enroute time to the beginning of patient care;

- <u>"On Scene Time"</u>: The interval from arrival at the scene to departure from the scene. This includes extrication, resuscitation, treatment, and loading;

- <u>"Transport Time"</u>: The interval from leaving the scene to arrival at the health care facility.

V.   QUALITY IMPROVEMENT:

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

Adopted by Regional Council	6/12/96
Approved DOH	7/16/96
Implemented	7/31/96
Reviewed ER Prehospital & Transportation Committee	11/11/98 1/13/99
Adopted by Regional Council	2/10/99
Final Review PH Committee	5/17/00
Adopted DOH	5/17/00
Implemented	6/00
Reviewed ER Prehospital & Transportation Committee	2/02 3/02 4/02
Adopted Regional Council	4/02
Submitted to DOH for Approval	8/21/02
DOH Approved	10/28/02

I.   **STANDARD**:

All verified ambulance and verified aid services shall respond to trauma incidents in a timely manner in accordance with current WAC.

II.   **PURPOSE**:

1.   To provide trauma patients with appropriate and timely care.

2.   To establish a baseline for data requirements needed for System Quality Improvement.

III.   **PROCEDURES:**

1.   **The Regional Council shall work with all prehospital providers and Local Councils to identify response areas as urban, suburban, and rural or wilderness.**

2.   **Verified ambulance and verified aid services shall collect and submit documentation to ensure the following response times are met 80% of the time; as defined in the current WAC.**

Aid Vehicle		Ambulance	
Urban	8 minutes	Urban	10 minutes
Suburban	15 minutes	Suburban	20 minutes
Rural	45 minutes	Rural	45 minutes
Wilderness	ASAP	Wilderness	ASAP

3.   **Verified ambulance and verified aid services shall collect and submit documentation to show wilderness response times are "as soon as possible."**

IV.   **DEFINITIONS:**

1.   **URBAN**: An unincorporated area over 30,000; or an incorporated or unincorporated area of at least 10,000 and a population density over 2,000 per square mile.

2.   **SUBURBAN**: An incorporated or unincorporated area with a population of 10,000 to 29,999, or any area with a population density of 1,000 to 2,000 per square mile.

3.   **RURAL**: Incorporated or unincorporated areas with total populations less than 10,000, or with a population density of less than 1,000 per square mile.

4.   **WILDERNESS**: Any rural area not readily accessible by public or private road.

5.

"System Response Time" for trauma means the interval from discovery of an injury until the patient arrives at the designated trauma facility. It includes:

▪   "Discovery Time": The interval from injury to discovery of the injury;

▪   "System Access Time": The interval from discovery to call received;

▪   "911 Time": The interval from call received to dispatch notified, including the time it takes the call answerer to:
        • Process the call, including citizen interview; and

- Give the information to the dispatcher;
    - ▪ "Dispatch Time": The interval from the call received by the dispatcher to agency notification;

    - ▪ "Activation Time": The interval from agency notification to start of response;

    - ▪ "Enroute Time": The interval from the end of activation time to the beginning of on-scene time;

    - ▪ "Patient access time": The interval from the end of enroute time to the beginning of patient care;

    - ▪ "On Scene Time": The interval from arrival at the scene to departure from the scene. This includes extrication, resuscitation, treatment, and loading;

    - ▪ "Transport Time": The interval from leaving the scene to arrival at the health care facility.

V. **QUALITY IMPROVEMENT**:

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

Adopted by Regional Council	6/12/96
Approved DOH	7/16/96
Implemented	7/31/96
Revised ER Prehospital & Transportation Committee	10/14/98
Adopted by Regional Council	12/16/98
Approved by DOH	3/17/00
Implemented	6/00
Reviewed by ER Prehospital & Transportation Committee	1/02 3/11/02 4/10/02
Adopted by Regional Council	4/02
Submitted to DOH for Approval	8/21/02
DOH Approved	10/28/02

EAST REGION PATIENT CARE PROCEDURE #3
TRAUMA TRIAGE AND TRANSPORT

I. STANDARD:

1. *All verified ambulance verified aid services, and affiliated agencies shall comply with the Washington Prehospital Trauma Triage Procedures as defined in the current WAC. All verified ambulance services shall transport patients to the most appropriate designated facility.*

2. *All verified ambulance and verified aid services shall consider activating ALS rendezvous or helicopter response - Patient Care Procedure #7 - if beyond the 30 minute transport time to a designated facility.*

3. *Each trauma-designated facility will determine when it is appropriate to alert verified ambulance services to divert to another trauma designated facility.*

II. PURPOSE:

1. To implement regional policies and procedures for all emergency medical patients and all trauma patients who meet the criteria for trauma system activation as described in the Washington Prehospital Trauma Triage Procedure.

2. To ensure that all emergency medical and/or trauma patients are transported to the most appropriate designated facility in accordance with the current WAC.

3. To allow the receiving facility adequate time to activate their emergency medical and/or trauma response team.

III. PROCEDURES:

1. The first certified EMS/TC provider determines that a patient:

   a. Needs definitive trauma care
   b. Meets the trauma triage criteria
   c. Presents with factors suggesting potential severe injury (in accordance with the Washington Prehospital Triage Procedure).

2. The provider then proceeds with primary resuscitation for the patient.

3. The provider then determines what step in the Prehospital Triage Procedure that the patient's condition/injuries meet; determination of destination is made based upon the step identified and the following:

   a. For patient meets Step 1 or Step 2 Criteria:

      1. Take the patient to the highest-level trauma center within 30 minutes transport time via ground or air transport according to DOH approved Regional Patient Care Procedures.
      2. Apply "Trauma ID Band" to the patient.

   b. Patient meets Step 3 Criteria:

      1. Take the patient to the nearest designated facility. (No change)
      2. Consult county procedure, IF:
         (a) The patient requests to bypass the nearest facility*
         (b) EMS personnel judgment suggests that the patient be taken to a higher-level facility*

       3.   Apply "Trauma ID Band" to the patient.

4.   On-line medical control for all counties shall be accessed per COPs

5.   Communication will be initiated with the receiving facility as soon as possible to allow the receiving facility adequate time to activate their emergency medical and/or trauma response team.

6.   ***The receiving facility will notify the verified ambulance service about diversion according to COPs***.

7.   Medical control and/or the receiving facility will be provided with the following information, as outlined in the Prehospital Destination Tool:

      a.   Identification of EMS agency
      b.   Vital signs. (Include First and/or Worst)
      c.   Level of consciousness
      d.   Anatomy of injury
      e.   Biomechanics of injury
      f.   Any co-morbid factors
      g.   Timely updates on patient status

8.   The first EMS provider to determine that a patient meets the trauma triage criteria will attach a Washington State Trauma Registry Band to the patient's wrist or ankle.

9.   All information shall be documented on an appropriate medical incident report (MIR) form accepted by the County MPD, which meets trauma registry data collection requirements as outlined in WAC.

IV.   QUALITY IMPROVEMENT:

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

Adopted Regional Council	6/12/96
Approved DOH	7/16/96
Implemented	7/31/96
Revised ER Prehospital & Transportation Committee	10/14/98
Adopted by Regional Council	12/16/98
Final Review PH	5/17/00
Approved DOH	3/17/00
Implemented	6/00
Reviewed ER Prehospital & Transportation Committee	1/02 3/11/02 4/10/02
Submitted to DOH for Approval	8/21/02
DOH Approved	10/28/02

PATIENT CARE PROCEDURE #3A
TRIAGE & TRANSPORT FOR
MEDICAL & NON-MAJOR TRAUMA PATIENTS

I.   **STANDARD**

All licensed ambulance services shall transport patients to the most appropriate facility in accordance with County Operating Procedures (COPs).

II.   **PURPOSE**

1.   To implement regional policies and procedures for all ***medical and non-major trauma patients who do not meet the criteria for trauma system activation*** as described in the Washington Prehospital Trauma Triage Tool.

2.   To ensure that all medical and/or non-major trauma patients are transported to the most appropriate facility.

III.   **PROCEDURES**

1.   Patients not meeting prehospital trauma triage criteria for activation of the trauma system, and all other patients will be transported to facilities based on County Operating Procedures (COPs).

IV.   **QUALITY IMPROVEMENT:**

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

Adopted Regional Council	6/12/96
Approved DOH	7/16/98
Implemented	7/31/96
Revised by ER Prehospital & Transportation Committee	10/14/98
Adopted by Regional Council	12/16/98
Final Review PH	5/17/00
Approved DOH	3/17/00
Implemented	4/01/00
Reviewed & revised ER Prehospital & Transportation Committee	3/11/02
Adopted by Regional Council	4/10/02
Submitted to DOH for Approval	8/21/02
DOH Approved	10/28/02

EAST REGION PATIENT CARE PROCEDURE #3B
PEDIATRIC TRAUMA TRIAGE & TRANSPORT

I. **STANDARD**

    1.   All verified ambulance, verified aid services, and affiliated agencies shall comply with the Washington Prehospital Trauma Triage Procedures as defined in current WAC. All verified ambulance services shall transport patients to the most appropriate designated facility.

    2.   All verified ambulance and verified aid services shall consider activating ALS rendezvous or helicopter response - Patient Care Procedure #7 - if beyond the 30-minute transport time to a designated facility.

    3.   Each trauma-designated facility will determine when it is appropriate to alert verified ambulance services to divert to another trauma designated facility.

II. **PURPOSE**

    1.   To ensure that consideration is given to early transport of a child to the regional pediatric trauma center(s) when required surgical or medical subspecialty care of resources are unavailable.

III. **PROCEDURES**

    1.   The first certified EMS/TC provider determines that a pediatric patient:

        A. Needs definitive trauma care
        B. Meets the trauma triage criteria
        C. Presents the factors suggesting potential severe injury (in accordance with the Washington Prehospital Triage Procedure)

    2.   The provider then proceeds with airway management and primary resuscitation for the pediatric patient.

    3.   Apply "Trauma ID Band" to the patient.

    4.   Take the pediatric patient to the <u>highest-level pediatric trauma center</u> within 30 minutes transport time via ground or air transport according to DOH approved regional patient care procedures and approved County Operating Procedures (COPs).

    5.   If a pediatric designated facility is not available within 30 minutes, take the patient to the highest adult designated facility within 30 minutes.

IV. **QUALITY IMPROVEMENT**:

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

See Next Page

Adopted Regional Council	6/12/96
Approved DOH	7/16/96
Implemented	7/31/96
Revised by ER Prehospital & Transportation Committee	10/14/98
Adopted by Regional Council	12/16/98
Final Review PH	5/17/00
Approved DOH	3/17/00
Reviewed, revised and accepted by ER Prehospital & Transportation Committee	4/10/02 5/8/02
Adopted by Regional Council	6/12/02
Submitted to DOH for Approval	8/21/02
DOH Approved	10/28/02

PATIENT CARE PROCEDURE #4
INTERFACILITY TRANSFER OF ADULT TRAUMA PATIENTS

I.   STANDARD

1. All interfacility transfers via ground or air shall be provided by the appropriate licensed and/or verified services with personnel and equipment to meet patient needs.

2. Immediately upon determination that the patient's needs exceed the scope of practice and/or their MPD approved protocols, or physician director standing orders for air ambulance's non-EMS personnel, the licensed and/or verified service personnel shall advise the facility personnel that they do not have the resources to do the transfer.

II.   PURPOSE

Provide a procedure that will facilitate the goal of transferring high-risk trauma and medical patients without adverse impact to clinical outcomes or resource availability.

III.   PROCEDURES

1. Medical responsibility during transport should be arranged at the time of initial contact between receiving and referring physicians.   The transferring physician should write the transfer orders after consultation with the receiving physician.   Facilities having transfer agreements for trauma patients are attached as a reference.

2. Prehospital MPD protocols shall be followed prior to and during transport.

3. While en-route, the transporting agency should communicate patient status and their estimated time of arrival (ETA) to the receiving facility per Medical Program Director protocols or standing orders for air ambulance's non-EMS personnel.

IV. DEFINITIONS

•   **Scope of Practice**: Patient care within the scope of approved level of certification and/or specialized training.

•   **Facilities** are DOH designated trauma care services.

V. QUALITY ASSURANCE

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

DESIGNATED HOSPITAL INTERFACILITY TRANSFER AGREEMENTS
UPDATED 6/27/02

Level	Health Care Facility	Location	Agreements With:
G-II P-2	Deaconess Medical Center	Spokane	Benewah Community Hospital
			Bonner General Hospital
			Boundary County Community Hospital
			Central Washington Hospital
			Clearwater Valley Hospital
			Columbia Basin Hospital
			Columbus Hospital
			Community Medical Center
			Coulee Community Hospital
			Dayton General Hospital
			Deer Park Hospital
			East Adams Rural Hospital
			Eastern Idaho Regional Medical Center
			Fairchild AFB Hospital
			Ferry County Memorial Hospital
			Garfield County Hospital District
			Good Shepard Hospital
			Grande Ronde Hospital
			Harborview
			Gritman Medical Center
			Henry L. Day Medical Center
			Holy Family Hospital
			Kadlec Hospital
			Kamiab Clinic
			Kennewick General Hospital
			Kootenai Medical Center
			Lake Chelan Community Hospital
			Lincoln County Hospital
			Mid Valley Hospital
			Mount Carmel Hospital
			Ne Mee Poo Health Center
			Newport Community Hospital
			North Idaho Immediate Care Center
			North Valley Hospital
			Odessa Memorial Hospital
			Okanogan Douglas County Hospital
			Othello Community Hospital
			Our Lady of Lourdes Hospital

			Pullman Memorial Hospital
			Saint Alphonsus
			Saint Anthony's Hospital
			Saint John's Lutheran Hospital
			Saint Joseph's Hospital
			Saint Joseph's Regional Medical Center
			Saint Mary's Clinic
			Saint Mary's Hospital
			Saint Mary's Medical Center
			Saint Patricks Hospital
			Samaritan Hospital
			Selkirk Family Clinic
			Shoshone Medical Center
			Steele Memorial Hospital
			Syringa General Hospital
			Tri State Hospital
			Valley Hospital & Medical Center
			Walla Walla General Hospital
			Wallowa Memorial Hospital
			Whitman Hospital & Medical Center
G-II	Sacred Heart Medical Center	Spokane	Benewah Community Hospital
P-2			Bonner General Hospital
			Boundary County Community Hospital
			Central Washington Hospital
			Clearwater Valley Hospital
			Columbia Basin Hospital
			Columbus Hospital
			Community Medical Center
			Coulee Community Hospital
			Dayton General Hospital
			Deer Park Hospital
			East Adams Rural Hospital
			Eastern Idaho Regional Medical Center
			Fairchild AFB Hospital
			Ferry County Memorial Hospital
			Garfield County Hospital District
			Good Shepard Hospital
			Grande Ronde Hospital
			Harborview
			Gritman Medical Center

Henry L. Day Medical Center
Holy Family Hospital
Kadlec Hospital
Kamiab Clinic
Kennewick General Hospital
Kootenai Medical Center
Lake Chelan Community Hospital
Lincoln County Hospital
Mid Valley Hospital
Mount Carmel Hospital
Ne Mee Poo Health Center
Newport Community Hospital
North Idaho Immediate Care Center
North Valley Hospital
Odessa Memorial Hospital
Okanogan Douglas County Hospital
Othello Community Hospital
Our Lady of Lourdes Hospital
Pullman Memorial Hospital
Saint Alphonsus
Saint Anthony's Hospital
Saint John's Lutheran Hospital
Saint Joseph's Hospital
Saint Joseph's Regional Medical Center
Saint Mary's Clinic
Saint Mary's Hospital
Saint Mary's Medical Center
Saint Patricks Hospital
Samaritan Hospital
Selkirk Family Clinic
Shoshone Medical Center
Steele Memorial Hospital
Syringa General Hospital
Tri State Hospital
Valley Hospital & Medical Center
Walla Walla General Hospital
Wallowa Memorial Hospital
Whitman Hospital & Medical Center

II	St. Joseph's Regional Medical Center	Lewiston, ID	Children's Hospital-Spokane
			Deaconess Medical Center
			Harborbiew
			Idaho Elks Rehab
			Legacy Emanuel - Portland
			Sacred Heart Medical Center
			St. Luke's
			St. Luke's - Boise
			U of W Medical

III	Holy Family Hospital	Spokane	Deaconess Medical Center Harborview Sacred Heart Medical Center
III	Pullman Hospital	Pullman	Deaconess Medical Center Gritman Sacred Heart Medical Center St. Joseph's Hospital (In the process)
III	Valley Hospital & Medical Center	Spokane	Deaconess Medical Center Harborview Sacred Heart Medical Center
IV	Deer Park Health Center & Hospital	Deer Park	Deaconess Medical Center Holy Family Hospital Sacred Heart Medical Center
IV	Lincoln Hospital District #3	Davenport	Deaconess Medical Center Sacred Heart Medical Center Valley Hospital & Medical Center
IV	Mount Carmel Hospital	Colville	Deaconess Medical Center Holy Family Hospital Sacred Heart Medical Center
IV	Newport Community Hospital	Newport	Deaconess Medical Center Harborview Holy Family Hospital Sacred Heart Medical Center
IV	St. Joseph's Hospital	Chewelah	Deaconess Medical Center Harborview Medical Center Holy Family Hospital Mount Carmel Hospital Sacred Heart Medical Center
IV	Tri- State Hospitals	Clarkston	Deaconess Medical Center Deer Park Care Center & Hospital Ferry County, Republic Hospital Garfield County Hospital Gritman Hospital Harborview Holy Family Hospital Mt. Carmel Hospital Newport Community Hospital Pullman Memorial Hospital St. Joseph's

			St. Luke's Rehab
			Valley Hospital & Medical Center
			Veteran's Administration Hospital
			Whitman Hospital & Medical Center
V	East Adams Rural Hospital	Ritzville	Deaconess Medical Center
			Sacred Heart Medical Center
V	Ferry County Memorial Hospital	Republic	Deaconess Medical Center
			Sacred Heart Medical Center
V	Garfield County Hopital District	Pomeroy	Deaconess Medical Center
			Harborview Medical Center
			Sacred Heart Medical Center
			St. Joseph's Regional Medical Center
			Whitman Hospital
V	Odessa Memorial Hospital	Odessa	Sacred Heart Medical Center
			Deaconess Medical Center
V	Othello Community Hospital	Othello	Deaconess Medical Center
			Sacred Heart Medical Center
V	Whitman Hospital	Colfax	Colfax EMS
			Deaconess Medical Center
			Harborview Medical Center
			Pullman Hospital
			Sacred Heart Medical Center
			Samaritan Burn Unit (Lincoln)

Approved DOH	7/16/96
Implemented	7/31/96
Reviewed ER Prehospital & Transportation Committee	11/11/98 1/13/99
Final Review ER Prehospital & Transportation Committee Final Revision	3/10/99 5/12/99 9/8/99
Regional Council Adopts	10/99
Final Review PH	5/17/00
Approved DOH	3/17/00
Implementation	6/00
Reviewed, revised and accepted ER Prehospital & Transportation Committee	4/10/02 5/8/02
Adopted by Regional Council	6/12/02
Submitted to DOH for Approval	8/21/02
DOH Approved	10/28/02

I.   **STANDARD**:

1.   *The Incident Command System shall be used.*

II. **PURPOSE**:

1.   To define who has overall patient care responsibility at the EMS scene, and to define the line of authority when multiple agencies respond.

III. **PROCEDURE:**

1. An incident commander will designate Medical Group Supervisor or Operations Chief. When no other incident commander has been appointed the highest medical person shall be in command until a person of equal or greater training relieves him/her. EMS personnel shall direct patient care per County Operating Procedures (COPs) and Medical Program Director protocols.

2. The Medical Group Supervisor should be the individual with the highest level of medical certification who is empowered by County Operating Procedures (COPs).

3. Diversion from this PCP shall be reviewed by responding agencies, and then reported to the county MPD in the jurisdiction of the incident.

IV. **QUALITY IMPROVEMENT**:

The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

Adopted by Regional Council	6/12/96
Approved by DOH	7/96
Implemented	7/31/96
Reviewed by ER Prehospital & Transportation Committee	11/98
Adopted by Regional Council	2/99
Final Review PH	5/17/00
Approved DOH	3/17/00
Implemented	6/00
Reviewed by ER Prehospital & Transportation Committee	5/8/02
Adopted by RC	6/12/02
Submitted to DOH for Approval	8/21/02
DOH Approved	10/28/02

Distributed to RC 6/12/02

PATIENT CARE PROCEDURE #6
EMS/MEDICAL CONTROL – COMMUNICATIONS

I.   **STANDARD:**

   1.   *Communications between prehospital personnel and receiving facilities will utilize the most effective communications to expedite patient information exchange.*

II.   **PURPOSE**:

   1.   To define methods of expedient communications between prehospital personnel and receiving facilities.

III.   **PROCEDURE:**

   1.   The preferred communications method should be direct between an EMS prehospital provider and the facility. An alternative method of communications should be addressed in County Operating Procedures.

   2.   Local Medical Program Director, county councils and communications centers will be responsible for establishing communications procedures between the prehospital provider(s) and the facility (ies).

   3.   The provider agencies will maintain communications equipment and training needed to communicate in accordance with WAC.

   4.   Problems with communications affecting patient care will be reviewed by the provider agency, county council, MPD, communications center, and if necessary report to the Regional Communications Committee for review**.**

DEFINITION

V.   **QUALITY IMPROVEMENT**:

   The East Region Prehospital & Transportation Committee will review this PCP upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document, at least biennially.

Adopted Regional Council	6/12/96
Approved DOH	7/16/96
Implemented	7/31/96
Reviewed ER Prehospital & Transportation Committee	1/13/99 2/10/99 3/10/99
Final Review PH	9/8/99
Adopted Regional Council	10/13/99
Approved DOH	3/17/00
Implemented	6/00
Reviewed ER Prehospital & Transportation Committee	5/8/02
Adopted by Regional Council	8/21/02
Approved by DOH	10/28/02

REGIONAL PATIENT CARE PROCEDURE #7
HELICOPTER RESPONSE

I.   **STANDARD**:

1.   *Initiate a helicopter response as soon as medically necessary.*

2.   *Helicopter transport should be requested when transport time to the appropriate facility may be reduced by more than 15 minutes.*

3.   *The highest level of pre-hospital EMS provider on scene may cancel the helicopter response if they determine the patient condition does not warrant air transport.*

Note: County Operating Procedures (COPS) may be added as an addendum to DOH approved PCPS to clarify implementation and operation within each county.

II.   **PURPOSE**:

1.   To define who may initiate the request for an on-scene medical helicopter and under what circumstances non-medical personnel may request on-scene helicopter service.

III.   **PROCEDURE:**

1.   The highest level of pre-hospital personnel on scene may request a helicopter be placed on standby or that a helicopter(s) be launched to the scene per COPS.

Note: If the request is to place a helicopter on standby, this helicopter and crew will remain dedicated to the standby until released by the requesting agency.

2.   This call shall be initiated through the appropriate medical emergency-dispatching agency per COPS. If possible, landing zone (LZ) or rendezvous sites, and/or LZ hazard assessments, should be identified at this time.

3.   The helicopter service communications staff will give an approximate launch time and flight time to the dispatchers requesting service.

4.   Helicopter personnel will contact ground EMS personnel as soon as possible while en-route to the scene.

5.   Any citizen on scene may request a helicopter be launched to the scene. If a citizen requests a launch, the dispatching service receiving the helicopter request will assure that local EMS is dispatched to the scene at the same time.

6.   After assessing the patient, if the highest level EMS personnel on scene determines that the patient's condition does not warrant air transport, they may cancel the responding helicopter and assume responsibility for patient care and transport.

7.   Helicopter personnel shall follow the Incident Command System (ICS).

8.   Helicopter personnel will make radio contact with the receiving hospital as soon as possible after liftoff from the scene.

EAST REGION EMS &
TRAUMA COUNCIL

Patient Care Procedure #7
Helicopter Response
Revised & Adopted by Regional Council 6/13/01
REQUIRES APPROVAL OF THE DOH

IV. DEFINITIONS

1. **Standby: U**pon receiving the request, helicopter dispatch personnel will notify the pilot and crew of the possible flight. The crew will respond to the helicopter and load appropriate equipment. The crew will then remain at or near the helicopter until such time they are launched or released from the standby.

2. **Launch Time:** The time at which the helicopter lifts from the pad en-route to the scene. Assuming the helicopter has been on standby this will require approximately one to two minutes run-up time. Temperatures below freezing may require a little longer run-up.

3. **Flight time:** The estimated time from launch to the helicopter landing at the scene.

4. **Landing Zone (LZ) Hazard Assessment:** On-scene EMS will identify a helicopter-landing zone as close to the scene as safely possible. Ideally this will be a flat area, a minimum of 75 feet by 75 feet during daylight and 100 feet by 100 feet at night. Personnel designating the LZ must complete a hazard assessment including, but not limited to, overhead wires, rocks, uneven surfaces, loose debris, trees, vehicles, foot traffic, and high winds. Such hazards will be relayed to the pilot as the helicopter approaches the LZ.

5. **Rendezvous:** An alternate site for patient transfer from ground ambulance to air ambulance when terrain, weather, or other restraints hinder the helicopter from landing at the requested scene or hospital. The landing zone hazard assessment shall be completed for the rendezvous LZ as for any other LZ.

V.   QUALITY IMPROVEMENT:

This PCP will be reviewed upon receipt of suggested modifications from a local provider, the East Region QI Committee, the Department of Health, or any other entity suggesting modifications to the document. The East Region Pre-hospital and Transportation Committee shall do this at least biennially.

Adopted by Regional Council	6/96
Approved by DOH	7/96
Reviewed by PH & Transportation Committee	5/9/01
Adopted by Regional Council	6/13/01
Approved by DOH	4/1/02
Implemented	5/1/02